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10 **BEFORE THE**
11 **BOARD OF REGISTERED NURSING**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 2008-170

14 KAREN JOY STEWART-YOUNG,
a.k.a. KAREN JOY STEWART,
15 a.k.a. KAREN JOY YOUNG,
a.k.a. KAREN JOY SEAMAN
16 1133 Evergreen Lane
Vista, California 92084

A C C U S A T I O N

17 Registered Nurse License No. 222236

18 Respondent.

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20 Complainant alleges:

21 **PARTIES**

22 1. Ruth Ann Terry, M.P.H., R.N. ("Complainant") brings this Accusation
23 solely in her official capacity as the Executive Officer of the Board of Registered Nursing
24 ("Board"), Department of Consumer Affairs.

25 2. On or about February 29, 1972, the Board issued Registered Nurse License
26 Number 222236 to Karen Joy Stewart-Young, also known as Karen Joy Stewart, Karen Joy
27 Young, and Karen Joy Seaman ("Respondent"). Respondent's registered nurse license was in

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1 full force and effect at all times relevant to the charges brought herein and will expire on
2 November 30, 2007, unless renewed.

3 STATUTORY PROVISIONS

4 3. Business and Professions Code ("Code") section 2750 provides, in
5 pertinent part, that the Board may discipline any licensee, including a licensee holding a
6 temporary or an inactive license, for any reason provided in Article 3 (commencing with section
7 2750) of the Nursing Practice Act.

8 4. Code section 2764 provides, in pertinent part, that the expiration of a
9 license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding
10 against the licensee or to render a decision imposing discipline on the license. Under Code
11 section 2811, subdivision (b), the Board may renew an expired license at any time within eight
12 years after the expiration.

13 5. Code Section 490 states:

14 A board may suspend or revoke a license on the ground that the licensee
15 has been convicted of a crime, if the crime is substantially related to the
16 qualifications, functions, or duties of the business or profession for which the
17 license was issued. A conviction within the meaning of this section means a plea
18 or verdict of guilty or a conviction following a plea of nolo contendere. Any
19 action which a board is permitted to take following the establishment of a
20 conviction may be taken when the time for appeal has elapsed, or the judgment of
21 conviction has been affirmed on appeal, or when an order granting probation is
22 made suspending the imposition of sentence, irrespective of a subsequent order
23 under the provisions of Section 1203.4 of the Penal Code.

24 6. Code section 493 states:

25 Notwithstanding any other provision of law, in a proceeding conducted by
26 a board within the department pursuant to law to deny an application for a license
27 or to suspend or revoke a license or otherwise take disciplinary action against a
28 person who holds a license, upon the ground that the applicant or the licensee has
been convicted of a crime substantially related to the qualifications, functions, and
duties of the licensee in question, the record of conviction of the crime shall be
conclusive evidence of the fact that the conviction occurred, but only of that fact,
and the board may inquire into the circumstances surrounding the commission of
the crime in order to fix the degree of discipline or to determine if the conviction
is substantially related to the qualifications, functions, and duties of the licensee in
question.

As used in this section, 'license' includes 'certificate,' 'permit,'
'authority,' and 'registration.'"

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1 11. Regulation 1444 states, in pertinent part:

2 A conviction or act shall be considered to be substantially related to the
3 qualifications, functions or duties of a registered nurse if to a substantial degree it
4 evidences the present or potential unfitness of a registered nurse to practice in a
5 manner consistent with the public health, safety, or welfare. Such convictions or
6 acts shall include but not be limited to the following:

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8 (c) Theft, dishonesty, fraud, or deceit

9 12. Section 482 provides in relevant part:

10 “

11 Each board under the provisions of this code shall develop criteria to
12 evaluate the rehabilitation of a person when:

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14 (b) Considering suspension or revocation of a license under Section 490.

15 Each board shall take into account all competent evidence of rehabilitation
16 furnished by the applicant or licensee.

17 13. Regulation 1445 states, in pertinent part:

18 (a) When considering the denial of a license under Section 480 of the
19 code, the board, in evaluating the rehabilitation of the applicant and his/her
20 present eligibility for a license will consider the following criteria:

21 (1) The nature and severity of the act(s) or crime(s) under consideration as
22 grounds for denial.

23 (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s)
24 under consideration as grounds for denial which also could be considered
25 as grounds for denial under Section 480 of the code.

26 (3) The time that has elapsed since commission of the act(s) or crime(s)
27 referred to in subdivision (1) or (2).

28 (4) The extent to which the applicant has complied with any terms of
 parole, probation, restitution, or any other sanctions lawfully imposed
 against the applicant.

 (5) Evidence, if any, of rehabilitation submitted by the applicant.

 (b) When considering the suspension or revocation of a license on the
 grounds that a registered nurse has been convicted of a crime, the board, in
 evaluating the rehabilitation of such person and his/her eligibility for a license will

1 consider the following criteria:

- 2 (1) Nature and severity of the act(s) or offense(s).
- 3 (2) Total criminal record.
- 4 (3) The time that has elapsed since commission of the act(s) or offense(s).
- 5 (4) Whether the licensee has complied with any terms of parole, probation,
- 6 restitution or any other sanctions lawfully imposed against the licensee.
- 7 (5) If applicable, evidence of expungement proceedings pursuant to Section
- 8 1203.4 of the Penal Code.
- 9 (6) Evidence, if any, of rehabilitation submitted by the licensee.

10 **COST RECOVERY**

11 14. Code section 125.3 provides, in pertinent part, that the Board may request

12 the administrative law judge to direct a licentiate found to have committed a violation or

13 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation

14 and enforcement of the case.

15 **FIRST CAUSE FOR DISCIPLINE**

16 **(Gross Negligence)**

17 15. At all times herein mentioned, Respondent was employed as a registered

18 nurse by United Staffing Solutions, Inc. Respondent was assigned to work from approximately

19 1900 hours on September 6, 2004, through 0730 hours on September 7, 2004, in the Intensive

20 Care Unit at Foothill Presbyterian Hospital ("FPH"), Glendora, California.

21 16. On or about September 6, 2004, Patient N. J., 67 years of age, with a

22 history of smoking and chronic alcoholism, was admitted through the emergency room to the

23 intensive care unit with a diagnosis of possible acute myocardial infarction with atrial and

24 ventricular arrhythmias. The patient's past medical history included, among other things,

25 congestive heart failure, hypertension, Type II IDDM, cerebrovascular accident, and seizures.

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27 17. Respondent is subject to disciplinary action pursuant to Code section

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1 2761, subdivision (a)(1), on the grounds of unprofessional conduct, in that on or about
2 September 6, 2004, and September 7, 2004, while on duty as a registered nurse in the Intensive
3 Care Unit ("ICU") at FPH, Respondent was guilty of gross negligence in her care of patient N. J.
4 within the meaning of Regulation 1442, as follows:

5 a. Respondent deviated from FPH's Meal Periods and Breaks policy by
6 leaving the hospital premises during her break.¹ Respondent was discovered missing from the
7 ICU and was located by hospital security asleep in her car. Respondent did not arrive back to the
8 ICU until approximately 0345 hours.

9 b. Respondent falsified the patient's medical records, as follows:
10 Respondent documented that she took the patient's vital signs at 0300 hours and charted in the
11 nurses' notes that as of 0300 hours, the patient was "very anxious and diaphoretic", had pulled
12 out the IV in his right hand, and had pulled off the oxygen mask and all monitor lines. In fact,
13 Respondent was not present in the ICU at 0300 hours, as set forth in subparagraph (a) above.

14 c. Respondent failed to report changes in the patient's condition to the
15 attending physician, as follows: Respondent failed to report that the patient, a chronic alcoholic,
16 continued to be anxious despite the various medication regimens and other measures attempted
17 by Respondent.²

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19 d. Upon her return to the ICU at 0345 hours, Respondent failed to reassess
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21 1. At approximately 0120 hours, Respondent was told by her supervisor to give a report of her patients to the
22 registered nurse covering her and to take her break. Respondent alleges that she could not find the cafeteria (as she
23 was not familiar with the facility) and went out to her car. Respondent fell asleep in her car and was awakened
when a security guard knocked on her car window.

24 2. At 2300 hours, Respondent documented that the patient was awake, tossing and turning in bed, and
25 complaining of anxiety. Respondent gave the patient Restoril 30 mg for restlessness and repositioned him for
26 comfort. At 2400 hours, Respondent documented that the patient's vital signs were stable, that the monitor
27 continued to show sinus rhythm/sinus tachycardia, and that the patient denied pain, but stated that he felt anxious.
28 Respondent gave the patient Librium. Respondent's next consecutive entry was allegedly made at 0300 hours (the
false entry referred to in subparagraph 17(b) above). Respondent documented that the patient was very anxious
and diaphoretic, had pulled out the IV, and had pulled off the oxygen mask and all monitor lines. At 0400 hours,
Respondent documented that the patient was complaining of generalized muscle pain and was diaphoretic and
anxious. Respondent gave the patient MS 2 mg by IV and repositioned him for comfort. At 0615 hours,
Respondent documented, among other things, that the patient was "very anxious".

1 the patient's condition on change of RN caregiver. Further, Respondent failed to reassess the
2 patient every 4 hours and whenever there was a significant change in the patient's condition or
3 diagnosis.

4 e. Respondent failed to administer Ativan to the patient, an alternative
5 medication ordered for the patient³, even though she knew that the patient was a recovering
6 alcoholic, was going through delirium tremens, and was pulling out his IV's, oxygen tubes, and
7 monitors.

8 f. Respondent documented at 0702 hours that the patient had slumped over
9 in bed, had pulled off all of his EKG monitors and his O2 Sat monitor, and was lying face down.
10 Respondent repositioned the patient with his face up and the patient was unresponsive.
11 Respondent failed to utilize competent nursing judgment upon discovering the patient in a life-
12 threatening state in that she failed to initiate a "Code Blue" and failed to immediately resuscitate
13 the patient utilizing the basic ABC's (airway, breathing, circulation).

14 **SECOND CAUSE FOR DISCIPLINE**

15 **(Incompetence)**

16 18. Complainant incorporates by reference as though fully set forth herein the
17 allegations contained in paragraphs 15, 16 and 17 above, which are incorporated herein by this
18 reference.

19 19. Respondent is subject to disciplinary action pursuant to Code section
20 2761, subdivision (a)(1), on the grounds of unprofessional conduct. On or about September 6,
21 2004, and September 7, 2004, while on duty as a registered nurse in the ICU at FPH, Respondent
22 was guilty of incompetence in her care of patient N. J. within the meaning of Regulation 1443, as
23 set forth in paragraphs 15, 16 and 17 above.

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25 **THIRD CAUSE FOR DISCIPLINE**

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27 3. The patient's admitting intensive care orders included Ativan 0.5 mg by IV every 2 hours as needed.
28 Lorazepam (Ativan) is a benzodiazepine often indicated for alcohol withdrawal/delirium tremens and anxiety. The medication exhibits mild muscle-relaxant properties and works well for agitated patients.

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1 appendectomy and a fracture of the right zygomatic arch. The fax cover sheet and disability form
2 were subsequently provided to the court. It was later discovered that Dr. M. S. had never treated
3 Respondent's daughter and that Respondent had forged Dr. M. S.'s signature on the fax cover
4 sheet and disability form.

5 **PRAYER**

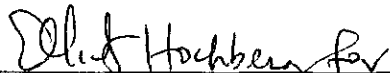
6 WHEREFORE, Complainant requests that a hearing be held on the matters herein
7 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

8 1. Revoking or suspending Registered Nurse License Number 222236, issued
9 to Karen Joy Stewart-Young, also known as Karen Joy Stewart, Karen Joy Young, and Karen Joy
10 Seaman;

11 2. Ordering Karen Joy Stewart-Young, also known as Karen Joy Stewart,
12 Karen Joy Young, and Karen Joy Seaman, to pay the Board of Registered Nursing the reasonable
13 costs of the investigation and enforcement of this case, pursuant to Code section 125.3;

14 3. Taking such other and further action as deemed necessary and proper.

15 DATED: 11/14/07

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17 
18 RUTH ANN TERRY, M.D.H., R.N.
19 Executive Officer
20 Board of Registered Nursing
21 Department of Consumer Affairs
22 State of California

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Complainant